

Title: Barriers to Providing Services

Purpose

To provide guidance to Local Agencies in removing barriers to WIC services.

Authority

7 CFR 246.7 Certification of Participants & State Policy

Policy

The first priority of local agency staff is to provide WIC program services to the participants who come to the clinic. Participant service is the first priority, outranking paperwork, cleaning and miscellaneous tasks.

I. Barriers to Service

- A. Since it is the role of the Montana WIC Program to serve the women, infants and children of this State, we must nurture the service aspect of the WIC Program.
- B. Barriers exist which impact peoples' decision to apply for WIC. These barriers can be attitudinal, administrative and/or physical.

II. Attitudinal Barriers

- A. Barriers may be the applicant's perception of WIC or the WIC staff's perception of the participant.
- B. A potentially eligible participant may be reluctant to apply for WIC benefits because of a belief that the WIC Program is only for those "on welfare," that it "isn't for me, I can take care of myself," or other misconceptions. Many people not already involved in other social programs do not know about WIC. Outreach campaigns must target "reluctant" potentially eligible applicants.
- C. Staff attitudes about participants they perceive to be unworthy or undeserving of WIC benefits set up barriers. It is easy to lose sight of our purpose to deliver quality nutrition education and counseling, intervention, referral and follow-up on identified risks, and improving eating behaviors and reducing or eliminating nutrition problems if we don't feel appreciated. Staff orientation and in-service training must deal with morale, keeping sight of WIC goals and the service philosophy.

III. Administrative Barriers

- A. Be aware that improper use of the things that make your daily work more convenient for you may appear to be barriers to your participants.
 - 1. A telephone answering machine can help to organize your day, but it may also reduce your effectiveness, especially if it is in use on the days your clinic is open. Remember many WIC participants do not have easy access to telephones.
 - 2. Standard working hours of 8-12, 1-5 can be a formidable barrier for working or rural applicants. The availability of appointments before 8:00 a.m., from 12:00 to 1:00 p.m., after 5:00 p.m. and/or on weekends can provide access for participants not able to take time off from work or who have long distances to travel.

3. Multiple month food instrument issuances, when appropriate, are one way to service working or rural participants as long as the nutrition education component is not compromised. Additional sites should be considered as a way of serving rural residents, particularly if there are a number of potential participants unable to reach present services.
4. If you have a population of persons who speak a language other than English, an interpreter is crucial. Coordination with other WIC Programs is critical to the delivery of WIC benefits to the varied groups of people represented in Montana.
5. Coordination with other programs which target the same population as WIC is important too. The idea of “one-stop-shopping” is significant when trying to remove barriers to service. Coordination of appointments is invaluable to a person with limited resources and limited time to spend away from a job.

IV. Physical Barriers

- A. Access to your clinic by pregnant women and those participants with physically disabling conditions is critical to WIC services.
 1. The size, as well as the layout of your office, can contribute to barriers to service. The nature of the WIC Program dictates that much of the information discussed is of a personal and perhaps sensitive nature. If your office layout or location does not allow for a private discussion of these matters, a potential applicant may choose not to participate.
 2. While it may not be feasible to immediately remodel or relocate your offices to have more accessible/appropriate facilities, it is necessary to modify procedures to service applicants/participants who cannot come to you. Modification of procedures may include going downstairs to work with a participant enlisting the services of the county nurse to make a home visit to collect information for a certification, holding education sessions at the local library instead of upstairs in your office, or finding a private area in which to interview participants (even if it means losing the coffee room or the broom closet).

V. Federal Regulations

- A. The following is adapted from ADA Highlights, Title III, “Public Accommodations and Commercial Facilities.”
 1. The Montana WIC Program will provide services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity. WIC will eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy WIC services. WIC will make reasonable modifications in policies, practices and procedures that deny equal access to individuals with disabilities.
 2. In providing goods and services, WIC may not use eligibility requirements that exclude or segregate individuals with disabilities, unless the requirements are necessary for the operation of WIC.
 3. For example, requiring that a disabled individual come to an inaccessible office to be certified for participation would violate the requirement.

4. Safety requirements may be imposed only if they are necessary for the safety of the applicant/participant. They must be based on actual risks and not on mere speculation, stereotypes or generalizations about individuals with disabilities.
5. WIC will make reasonable modifications in its policies, practices and procedures in order to accommodate individuals with disabilities. Legitimate safety requirements will be considered in determining what is readily achievable so long as they are based on actual risks and are necessary for safe operation.
6. Examples of modifications to remove barriers include installing ramps, making curb cuts at sidewalks and entrances, rearranging tables, chairs, display racks and other furniture, widening doorways, installing grab bars in toilet stalls, arranging for the services of a person familiar with sign language to assist in serving deaf applicants/participants, and/or adding raised letters or Braille to elevator control buttons.
7. First priority should be given to measures that enable individuals with disabilities to “get in the front door,” followed by measures to provide access to areas providing services. Barrier removal measures must comply, when readily achievable, with the alteration requirements of the ADA Accessibility Guidelines. If compliance with the Guidelines is not readily achievable, other safe, readily achievable measures must be taken.
8. WIC requires the removal of physical barriers, such as stairs, if it is readily achievable. However, if removal is not readily achievable, alternative steps must be taken to make services accessible. Examples of alternative measures include providing services at the door, sidewalk or curb, providing home services, relocating activities to accessible locations, including check pickup services and nutrition education classes.
9. Based on the Americans with Disabilities Act’s accessibility guidelines for new construction and alterations, relocation, WIC clinics must be located in sites with:
 - a. Disabled accessible parking,
 - b. Accessible routes,
 - c. Ramps, stairs, elevators,
 - d. Doors, entrances,
 - e. Bathrooms, alarms, signs and fixed seating.
10. The public or common use bathroom must be accessible.
11. Each floor in a building must also contain an “area of rescue assistance” (i.e., an area with direct access to an exit stairway where people unable to use stairs may await assistance during an emergency evacuation).
12. One TDD must be provided inside any building that has four or more public pay telephones. If no accessible public phone is provided, the WIC office will allow disabled participants use of the office phone for WIC related calls (e.g., an appointment call for referral services).

13. An annual, written assessment of each WIC clinic's physical layout must be performed by the Local WIC Program and kept on file at the clinic. If physical barriers are present, a plan of action must be written and submitted to the State WIC Office describing those measures which will be implemented to provide services to any disabled applicant/participant.